

Wyoming On Wellness – WOW  
State of Wyoming

Participation Memo

The Department of \_\_\_\_\_ would like to participate in the State Worksite Wellness Program: **Wyoming On Wellness – WOW**

Please list two “champions” for your employees. These two individuals should be in tune to overall general wellness.

Contact persons are:

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Number of possible participants: \_\_\_\_\_

Please return this form to:  
Tammy Till, Wellness Coordinator  
Employees Group Insurance  
Emerson Bldg., Room 106  
Cheyenne, WY 82002  
or fax at 777-7685